STAFF MEETING MINUTES
LANCASTER COUNTY BOARD OF COMMISSIONERS
COUNTY-CITY BUILDING, ROOM 113
THURSDAY, NOVEMBER 29, 2012
8:30 A.M.

Commissioners Present: Deb Schorr, Chair
Larry Hudkins, Vice Chair
Bernie Heier
Jane Raybould
Brent Smoyer

Others Present: Kerry Eagan, Chief Administrative Officer
Gwen Thorpe, Deputy Chief Administrative Officer
Dennis Meyer, Budget and Fiscal Officer
Dan Nolte, County Clerk
Cori Beattie, Deputy County Clerk
Ann Taylor, County Clerk's Office

Advance public notice of the Board of Commissioners Staff Meeting was posted on the County-City Building bulletin board and the Lancaster County, Nebraska, web site and provided to the media on November 28, 2012.

The Chair noted the location of the Open Meetings Act and opened the meeting at 8:30 a.m.

AGENDA ITEM

1 APPROVAL OF THE STAFF MEETING MINUTES OF THURSDAY, NOVEMBER 15, 2012

MOTION: Smoyer moved and Hudkins seconded approval of the minutes of the November 15, 2012 Staff Meeting. Hudkins, Smoyer and Schorr voted aye. Heier abstained from voting. Raybould was absent from voting. Motion carried 3-0, with one abstention.

2 ADDITIONS TO THE AGENDA

A. Transition of Post-Employment Health Plan (PEHP) from Nationwide Retirement Solutions (NRS) to International City/County Management Association - Retirement Corporation (ICMA-RC)
B. Report on Meeting with Governor on the Inheritance Tax (See Item 14E)
C. Trivia Question

MOTION: Smoyer moved and Hudkins seconded approval of the additions to the agenda. Smoyer, Heier, Hudkins and Schorr voted aye. Raybould was absent from voting. Motion carried 4-0.

ADDITIONS TO THE AGENDA

C. Trivia Question

Heier posed the following trivia question: What will happen in December that has not occurred in 824 years?

3 A) LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT (LLCHD) WELLNESS PROGRAM; AND B) MEDICAID EXPANSION UNDER THE AFFORDABLE CARE ACT -Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD) Director

B) Medicaid Expansion Under the Affordable Care Act

Judy Halstead, Lincoln-Lancaster County Health Department Director, provided an overview of Medicaid Expansion under the Affordable Care Act and the potential impact to the Lancaster County General Assistance (GA) Program (Exhibit A). She also disseminated information regarding how the Affordable Care Act impacts County jails and enrolling eligible individuals in health coverage (Exhibit B).

Raybould arrived at the meeting at 8:45 a.m.

A) Lincoln-Lancaster County Health Department (LLCHD) Wellness Program

Halstead discussed the City Wellness Initiative (Exhibit C), which includes a Wellness Committee, a City Wellness Coordinator, electronic Health Risk Assessment (HRA), and efforts to improve employee health.

Options for a County Wellness Program were discussed and there was consensus to schedule further discussion on a Management Team Meeting agenda.

Information regarding the City's Tobacco Cessation program, offered through the City's Blue Cross Blue Shield of Nebraska (BCBS) health insurance plan; healthier snacks and drinks that are offered through vending machines; and a Wellness Program offered through BCBS were also disseminated (Exhibits D-F).

4 MINIMUM BID THRESHOLD - Bob Walla, Assistant Purchasing Agent

Bob Walla, Assistant Purchasing Agent, requested an increase in the County's minimum bid threshold for one-time purchases of materials, parts, supplies and equipment from $1,500 to $3,000 to better meet federal grant requirements. He also

asked the Board to adopt a policy for purchases below $3,000 (micro-purchases) when federal grant funds are used. Walla said the same request was made to the City.

Hudkins said he favors moving to a $5,000 minimum bid threshold to mirror the minimum threshold set by the State.

There was general consensus to proceed as outlined and Walla was asked to work with the County Attorney's Office to draft the necessary documents.

5 ATTORNEY SALARIES FOR PUBLIC DEFENDER AND COUNTY ATTORNEY - Dennis Keefe, Public Defender; Joe Kelly, County Attorney; Doug McDaniel, Personnel Director; Dallas Jones, Managing Partner, Baylor Evnen Law Firm

Doug McDaniel, Personnel Director, presented a proposed compensation plan for the County Attorney and Public Defender's Offices (Exhibit G). He said the proposed pay ranges are market based and the plan provides a step progression for Attorney I's and a merit pay plan for Attorney II's. McDaniel noted a performance evaluation tool is still being developed. In addition, attorneys would receive annual cost of living increases at the same time other unrepresented employees are considered. McDaniel said the goal of the program is to increase retention, preserve institutional knowledge, provide for succession planning and decrease turnover costs. The costs of implementing the plan were outlined as follows:

• Placing Attorney I's on the appropriate step	Annual cost = $66,406 (FY = $43,164)
• Award Attorney II's a 2% increase	Annual cost = $36,800 (FY = $23,920)
• Chief Deputies would receive 95% of the Elected Official's Salary	Annual cost = $2,513 (FY = $1,634)
• Division Head Attorneys would receive 92.5% or 87.5% of Elected Official's Salary	Annual cost = $9,662 (FY = $6,280)
• Merit Budget for Attorney II's at average of 3%	Annual cost = $48,483 (FY = $31,514)

	Total annual cost =$163,864 (FY = $106,511)

NOTE: Fiscal Year (FY) costs were based on an effective date of December 27, 2012.

Raybould said she would like private sector data, which is used by the Department of Labor, for comparison.

McDaniel said an attorney from the private sector is present to speak to those issues. He noted that private sector data is not necessarily comparable because private law firms offer profit sharing and bonuses, based upon billable hours. McDaniel added that the Department of Labor statistics are based on economic indicators and the low minimum salaries they show could be skewed because part-time and solo practice attorneys are taken into account.

Dallas Jones, Managing Partner, Baylor Evnen Law Firm, said his firm is one of the largest law firms in the State. He said the proposed plan would still put the County well behind the private sector in terms of compensation and a progression plan.

Raybould asked Jones about performance expectations in a private law firm. Jones said there are a number of factors taken into account in their evaluation of attorneys but clearly attorneys who exceed expectations will receive greater compensation.

Smoyer asked Jones whether he believes the salaries in the proposed plan to be out-of-line. Jones said they are substantially lower than what larger firms are paying. He said the disparity grows over time and it will be difficult for the County to retain attorneys.

Raybould inquired about attrition. Joe Kelly, County Attorney, said his office loses three attorneys a year, based on two years of data. Jones said his firm's attrition rate is similar but the attorneys left for reasons other than salary. Dennis Keefe, Public Defender, said his office lost two attorneys to the public sector, one retired, one left for a federal job and another moved to the Nebraska Commission on Public Advocacy.

Raybould asked how many applications have been received for attorney positions. Kelly said there were less than 20 for the last few openings compared to 40-70 applications in the past He added he sometimes fills positions with a law clerk without opening the position to the public.

Raybould asked Jones whether his firm receives a similar number of applicants. Jones said his firm recruits directly from the law schools so it is not comparable.

Schorr suggested the plan be phased-in over two years, prioritizing measures. Kelly said implementing the plan in steps would create a "crunch" in the middle that would impact attorneys with eight to ten years of service.

MOTION: Heier moved and Smoyer seconded to adopt the proposal to place Attorney I's on a step plan.

FRIENDLY AMENDMENT: Smoyer offered a friendly amendment to award Attorney II's a 2% increase.

The maker of the motion accepted the friendly amendment.

Raybould asked that the Board refrain from taking action on the proposal until Dennis Meyer, Budget and Fiscal Officer, has provided a two-year fiscal projection.

Meyer said the County starts each year with a deficit of $4,000,000 to $6,000,000 ($1,500,000 to $2,500,000 is attributed to payroll costs).

Kelly noted that his office is operating on two fewer attorneys than it had in 2010 with the same budget it had in 2008.

Schorr said it is an issue of fairness and she does not believe the Board has treated this group fairly the past several years.

Raybould said it is more an issue of fiscal responsibility and said the Board needs to weigh the cost and benefit to the community.

ROLL CALL ON THE MOTION AS AMENDED: Hudkins, Smoyer, Heier and Schorr voted aye. Raybould voted nay. Motion carried 4-1.

There was general consensus to schedule a fiscal projection on the Mid-Year Budget Review.

Smoyer exited the meeting at 10:37 a.m.

6 5.2 CENT LEVY UNDER NEBRASKA REVISED STATUTE §23-120(3)(B) - Dennis Meyer, Budget and Fiscal Officer

Dennis Meyer, Budget and Fiscal Officer, said a resolution will be scheduled on the December 4, 2012 County Board of Commissioners Meeting agenda to declare projects under Nebraska Revised Statute §23-120(3)(B) and impose a levy for the costs and indebtedness for such projects. He noted that the County is currently using 0.6135 cents of the 5.2 cent levy.

7 PENSION REVIEW COMMITTEE (PRC) RECOMMENDATIONS: 1) REPLACE AMERICAN FUNDS GROWTH FUND OF AMERICA AND NEUBERGER BERMAN U.S. LARGE CAP GROWTH FUNDS WITH FIDELITY NEW INSIGHTS ADVISOR I; AND 2) REPLACE NEUBERGER BERMAN SOCIALLY RESPONSIBLE FUND WITH AMERICAN FUNDS FUNDAMENTAL INVESTORS R4 - Pension Review Committee (PRC)

Kerry Eagan, Chief Administrative Officer and a member of the Pension Review Committee (PRC), presented the following recommendations from the PRC: 1) Remove from the 401(a) Lancaster County Retirement Plan and 457 Deferred Compensation Program the American Funds Growth Fund of America R4 and Neuberger Berman U.S. Large Cap Growth USD I Fund and replace with the Fidelity Advisor New Insights I Fund, with all assets mapped accordingly; and 2) Remove the Neuberger Berman Socially Responsible Fund and map the assets to the American Funds Fundamental Investor R4 Fund.

8 PENDING LITIGATION AND LABOR NEGOTIATIONS - Richard Grabow, Deputy County Attorney

MOTION: Hudkins moved and Heier seconded to enter Executive Session at 10:42 a.m. for the purpose of protecting the public interest with regards to pending litigation and labor negotiations.

The Chair restated the motion for the record.

ROLL CALL: Raybould, Heier, Hudkins and Schorr voted aye. Smoyer was absent from voting. Motion carried 4-0.

Smoyer returned to the meeting.

MOTION: Smoyer moved and Hudkins seconded to exit Executive Session at 11:28 a.m. Hudkins, Smoyer, Heier, Raybould and Schorr voted aye. Motion carried 5-0.

9 COMMUNITY CORRECTIONS SCREENING SPECIALIST - Kim Etherton, Community Corrections Director

Kim Etherton, Community Corrections Director, requested authorization to proceed with hiring a full-time screening specialist to screen certain types of offenders and release or move them to supervision by Community Corrections by working closely with the County Attorney's Office and the Courts, rather than having them transported to the new Lancaster County Adult Detention Facility (LCADF) (see October 4, 2012 Staff Meetings for additional discussion regarding this matter). She said they will be looking at more of the misdemeanor cases and at individuals who did not initially meet the criteria for the Mental Health Jail Diversion Program. Etherton said she would like to post the position internally first. She said if a case manager applies and is selected, she would likely hold off on refilling that position.

MOTION: Raybould moved and Hudkins seconded to authorize Kim Etherton, Community Corrections Director, to proceed with hiring a screening specialist, as outlined. Smoyer, Hudkins, Raybould, Heier and Schorr voted aye. Motion carried 5-0.

Etherton said she plans to schedule a Justice Council Meeting in the new few weeks to discuss the changes that are taking place.

There was also consensus to schedule discussion in the future about having Community Corrections absorb Diversion Services.

ADDITIONS TO THE AGENDA

A. Transition of Post-Employment Health Plan (PEHP) from Nationwide Retirement Solutions (NRS) to International City/County Management Association - Retirement Corporation (ICMA-RC)

Eagan noted the following items will be scheduled on the County Board of Commissioners December 4, 2012 Meeting agenda for action:

- Letter to Nationwide Retirement Solutions (NRS) providing notice of termination of Post-Employment Health Plans (PEHP's) for non-collective bargaining employees, sheriff deputies and sheriff captains, but not for collective bargaining employees (American Federation of State, County & Municipal Employees (AFSCME) Local 2468)
- A resolution in the matter of the Post-Employment Health Plan (PEHP), establishing a single employer Voluntary Employees' Beneficiary Association (VEBA), known as the Lancaster County Post-Employment Health Plan (PEHP)
- Adoption of the Lancaster County Post-Employment Health Plan (PEHP)
- Adoption of the Welfare/Voluntary Employees' Beneficiary Association (VEBA) Trust Agreement between Lancaster County (Employer) and the Wilmington Trust Retirement and Institutional Services Company (Trustee) for the Lancaster County Post-Employment Health Plan (PEHP)
- Employer VantageCare Retirement Health Savings Plan Adoption Agreement between Lancaster County and the International City/County Management Association - Retirement Corporation (ICMA-RC), governing employer contributions, Plan No. 803381
- Administrative Services Agreement between Lancaster County and the International City/County Management Association - Retirement Corporation (ICMA-RC) for the VantageCare Retirement Health Savings Plan, governing employer contributions, Plan No. 803381
- Employer VantageCare Retirement Health Savings Plan Adoption Agreement between Lancaster County and the International City/County Management Association - Retirement Corporation (ICMA-RC), governing employee contributions, Plan No. 803272
- Administrative Services Agreement between Lancaster County and the International City/County Management Association - Retirement Corporation (ICMA-RC), for the VantageCare Retirement Health Savings Plan, governing employee contributions, Plan No. 803272
- Resolution in the matter of the Post-Employment Health Plan (PEHP) establishing the Lancaster County Integral Part Trust and the Post-Employment Health Plan (PEHP) with the International City/County Management Association - Retirement Corporation (ICMA-RC)
- Declaration of Trust of the Lancaster County, Nebraska Integral Part Trust for the Post-Employment Health Plan (PEHP) with the International City/County Management Association - Retirement Corporation (ICMA-RC)
- First amendment to the Lancaster County Post-Employment Health Plan (PEHP), replacing the Voluntary Employees' Beneficiary Association (VEBA) Trust agreement with Wilmington Trust Retirement and Institutional Services Company with the Lancaster County Integral Part Trust, effective on the transfer of funds from the Wilmington Voluntary Employees' Beneficiary Association (VEBA) Trust to Lancaster County Integral Part Trust
- Business Associate Agreement among the Lancaster County Post-Employment Health Plan (PEHP) (Covered Entity), Lancaster County, Nebraska (Plan Sponsor), and the International City/County Management Association - Retirement Corporation (ICMA-RC) (Business Associate), to protect the privacy of Protected Health Information (PHI) under the Health Insurance Portability & Accountability Act (HIPAA)

C. Trivia Question

Heier said the answer is that there will be five Saturdays and five Sundays during the month of December.

ACTION ITEMS

A. Invoice from Region V for Community Mental Health Center (CMHC) Invitation to Negotiate (ITN)

MOTION: Heier moved and Raybould seconded to move the item forward as a regular claim. Hudkins, Smoyer, Heier, Raybould and Schorr voted aye. Motion carried 5-0.

B. Microcomputer Request No. C#88734, $1,550.11 from County Court Budget for Seven (7) Digital Phone Headsets

MOTION: Hudkins moved and Raybould seconded to approve the request, with payment through the Microcomputer Fund. Heier, Raybould, Hudkins, Smoyer and Schorr voted aye. Motion carried 5-0.

ADMINISTRATIVE OFFICER REPORT

A. Roma Amundson, County Commissioner-Elect, Transition and Training

Eagan suggested a series of training sessions for the Board on the following topics: 1) Purchasing Act; 2) Open Meetings Law; 3) Board of Equalization; 4) County Board policies; 5) Civil Service System; 6) Accountability and Disclosure Laws; 7) Geographic Information System (GIS); and 8) County Budget Act. A tour of County departments was also suggested.

B. Prudential Automatic Rollover Agreement

Eagan explained that a new Prudential custodial automatic rollover product (IRA) has been introduced (see Exhibit H). Terminated participants with balances below $5,000 have the option to withdraw their funds or roll them over into another tax-free product. Those that chose not to do so will have their funds rolled over into the Prudential product.

The Chair asked Eagan to check and report back on the number of terminated participants in the pension plan.

C. Legislative Resolution (LR) 644 (Interim Study to Examine Alternative Sources of County Revenue if the Inheritance Tax is Repealed) (Friday, November 30, 2012)

Dennis Meyer, Budget and Fiscal Officer, agreed to testify on behalf of the County at the Revenue Committee's hearing on LR 644 and to provide examples of services the County provides to the State for little or no reimbursement.

D. Board of Health Appointment (Alan Doster)

The Board scheduled the appointment on the December 4, 2012 County Board of Commissioners Meeting agenda.

E. Meeting Date with Governor (February 11, 2012)

Schorr said she, Hudkins, representatives of Douglas and Sarpy County, and Larry Dix, Nebraska Association of County Officials (NACO) Executive Director, met with the Governor on November 26th to discuss the inheritance tax. They also discussed court costs, assignment of counsel in abuse and neglect cases, and the use of Tax Incremental Financing. She said the Governor indicated that he would like to meet with them again and discuss issues of mutual interest.

DISCUSSION OF BOARD MEMBER MEETINGS

A. Meeting with Marvin Krout, Planning Director; and Sara Hartzell, Planner - Schorr, Hudkins

Schorr said Krout and Hartzell provided examples of how the new options for agricultural preservation lots are being utilized.

There was consensus to schedule a briefing by the Planning Department on a Staff Meeting agenda.

B. Emergency Medical System Oversight Agency (EMSOA) - Schorr

Schorr said they discussed protocol changes for medical oversight.

C. Lincoln Independent Business Association (LIBA) Budget Monitoring Committee - Smoyer

Smoyer said land banking (the practice of purchasing land with the intent to hold on to it until such a time as it is profitable to sell) was discussed.

D. Lincoln Independent Business Association (LIBA) Monthly Meeting - Heier

Heier said concerns were expressed regarding the new "green" (energy efficient) building codes for the City and County. The inheritance tax, Southwest 40th Street Viaduct and the Railroad Transportation Safety District (RTSD) were also discussed.

E. Lancaster County Correctional Facility Joint Public Agency (JPA) - Schorr, Hudkins

Hudkins said the JPA agreed to payment of $1,551,004.00 in retainage (a portion of the agreed upon contract price deliberately withheld until the work is substantially complete to ensure that the contractor, or subcontractor, will satisfy its obligations), with the exception of work related to interior slabs ($53,068.00).

F. Community Mental Health Center (CMHC) Advisory Committee - Raybould

Raybould said she was unable to attend the meeting.

10 BREAK

The meeting was recessed at 12:10 p.m.

The meeting was reconvened at 1:00 p.m.

11 FUTURE LANCASTER COUNTY FUNDING FOR THE COMMUNITY MENTAL HEALTH CENTER (CMHC) - Ron Sorensen, Community Mental Health Center (CMHC) Executive Director; Judi Tannahill, Administrative Services Officer, Community Mental Health Center; Dennis Meyer, Budget and Fiscal Officer; Gary Chalupa, Veterans Service Officer/General Assistance Director; C. J. Johnson, Region V Systems Administrator; Linda Wittmuss, Region V Systems Associate Regional Administrator

Separate minutes.

12 ACTION ITEMS

A. Invoice from Region V for Community Mental Health Center (CMHC) Invitation to Negotiate (ITN)
B. Microcomputer Request No. C#88734, $1,550.11 from County Court Budget for Seven (7) Digital Phone Headsets

Items A and B were moved forward on the agenda.

13 CONSENT ITEMS

There were no consent items.

14 ADMINISTRATIVE OFFICER REPORT

A. Roma Amundson, County Commissioner-Elect, Transition and Training
B. Prudential Automatic Rollover Agreement
C. Legislative Resolution (LR) 644 (Interim Study to Examine Alternative Sources of County Revenue if the Inheritance Tax is Repealed) (Friday, November 30, 2012)
D. Board of Health Appointment (Alan Doster)
E. Meeting Date with Governor (February 11, 2012)

Items A-E were moved forward on the agenda.

15 PENDING

There were no pending items.

16 DISCUSSION OF BOARD MEMBER MEETINGS

A. Meeting with Marvin Krout, Planning Director; and Sara Hartzell, Planner - Schorr, Hudkins
B. Emergency Medical System Oversight Agency (EMSOA) - Schorr
C. Lincoln Independent Business Association (LIBA) Budget Monitoring Committee - Smoyer
D. Lincoln Independent Business Association (LIBA) Monthly Meeting - Heier
E. Lancaster County Correctional Facility Joint Public Agency (JPA) - Schorr, Hudkins
F. Community Mental Health Center (CMHC) Advisory Committee - Raybould

Items A-F were moved forward on the agenda.

17 EMERGENCY ITEMS AND OTHER BUSINESS

There were no emergency items and other business.

18 ADJOURNMENT

MOTION: Smoyer moved and Heier seconded to adjourn the meeting at 2:37 p.m. Heier, Raybould, Smoyer, Hudkins and Schorr voted aye. Motion carried 5-0.

Dan Nolte
Lancaster County Clerk

Medicaid Expansion

Lancaster County Board Staff Meeting

November 29, 2012

To expand or not to expand....

- The U.S. Supreme Court said the U.S. Dept. of HHS cannot withhold funds for a state's existing Medicaid program if the state does not expand its Medicaid program
- Each state determines if it will expand Medicaid consistent with the federal law
- Currently Governor Heineman is on record as opposed to the Medicaid expansion due to potential costs
- The Nebraska Legislature will need to enact legislation for Nebraska to expand Medicaid

Who will be impacted?

- Medicaid may be expanded to individuals age 19-65 with incomes up to 138% Modified Adjusted Gross Income (MAGI) with a 5% disregard = 133% FPL (estimated $14,856 for family of 1)
- General Assistance is currently 100% of FPL ($11,170 for family of 1, with medical need)
- Other adjustments for pregnant women, children, caretaker parent/relative
- Estimates are approximately one half of the current adult uninsured will be eligible for Medicaid

Who pays?

- Federal incentive: 100% federal funding for new eligibles for 2014 – 2016. Federal funding for 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and subsequent years. States are required to cover the difference.
- New eligibles are those not eligible for Medicaid on December 1, 2009 but who are eligible under the Affordable Care Act
- Continue funding those previously eligible for Medicaid at traditional state/federal match percentages

The timeline is tight....

- The legislature will need to move quickly.
- The Exchange needs to be ready to enroll uninsured, beginning October 2013 and Medicaid needs to be part of the information available through the Exchange
- States could presumably move more slowly and expand Medicaid later, however the 100% federal share will only be for Calendar Years 2014, 2015 and 2016
- For every year Medicaid is NOT expanded, at its current spending, Lancaster County will pay over $2 Million per year on General Assistance it would not need to pay if Medicaid were expanded.

EXHIBIT
tabbies
B

County Jails and the Affordable Care Act:

Enrolling Eligible Individuals in Health Coverage

Community Services Division
National Association of Counties

NACo National Association of Counties
The Voice of America's Counties

County Jails and the Affordable Care Act:

Enrolling Eligible Individuals in Health Coverage

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Written by Anita Cardwell, NACo Community Services Program Manager and Maeghan Gilmore, NACo Community Services Program Director. Jack Hernandez performed the graphic design and layout. Any opinions in this publication are those of the contributors and do not necessarily reflect the views of the Public Welfare Foundation or NACo.

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- Those who contributed from Alameda County, CA, with special thanks to Rachel Metz, Alameda County Health Care Services Agency and Lori Jones, Director, Alameda County Social Services Agency
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About the National Association of Counties

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,068 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, visit www.naco.org.

Introduction

In 2014 the Patient Protection and Affordable Care Act (ACA) will provide new health insurance coverage options for millions of individuals through an expansion of Medicaid eligibility and the establishment of state-based health insurance exchanges. This brief will examine ways that counties may be involved in eligibility determination and enrollment processes for these newly eligible individuals, focusing particularly on issues related to enrolling qualified individuals held in county jails as pre-adjudicated detainees and inmates preparing to reenter the community.

Specifically the brief will assess some of the potential issues and challenges county jail and human services staff may face in terms of enrollment procedures. The brief will also highlight examples of existing county-based enrollment strategies that may be able to serve as models for developing processes to enroll individuals in county jails who become newly eligible for health insurance coverage in 2014.

ACA Coverage Expansion and Potential Effects on County Jails

The ACA's significant expansion of health insurance coverage has many important implications for counties, as county governments provide the local health care safety net infrastructure, public health functions and other health care services, as well as often govern, finance and operate local coverage and enrollment programs. Counties also run and finance local jails, which are responsible for providing health care coverage for the approximately 13 million individuals who are booked into these facilities each year.[1]

By 2014 the ACA requires that health insurance exchanges be established in each state, and states can either opt to create and run their own exchange or allow the federal government to develop and operate the exchange in the state. Exchanges are intended to be regulated insurance marketplaces where individuals without employer-sponsored health insurance will be able to obtain coverage or small businesses can obtain coverage for their employees.[2] Premium credits will be available for individuals and families with incomes between 133-400% FPL based on a sliding income scale to help them purchase coverage through the exchanges.

There is a specific ACA provision related to the exchanges that could significantly impact county jails, which states that "...an individual shall not be treated as a qualified individual, if at the time of enrollment; the individual is incarcerated, other than incarceration pending disposition of charges."[3] This provision will likely allow eligible individuals in custody pending disposition of charges to enroll in a health insurance plan offered through an exchange prior to conviction, or maintain coverage if they are already enrolled. A substantial number of individuals that enter into county jail custody have serious medical and behavioral health needs[4] and would benefit greatly from treatment to address these conditions. Additionally, as counties are responsible for providing health care services for county jail inmates and the overwhelming majority of individuals in jails lack any type of health insurance coverage,[5] this provision could potentially reduce county jail health costs.

In 2014 the ACA also expands Medicaid eligibility to include all individuals under age 65—including adults without children—who have incomes up to 133% of the federal poverty level (FPL).[6] Many individuals involved in the criminal justice system will fall into this category of adults who will be newly eligible for Medicaid, because a large majority of jail inmates are young, low-income males[7] who did not previously qualify for the program. However, unless future administrative actions change existing federal rules, while these individuals will be eligible to enroll in the program they will not be able to receive Medicaid benefits in 2014.

Presently some county jail inmates meet Medicaid's eligibility requirements and are eligible to enroll in the program, but they are not covered by Medicaid. This is because federal law does not allow for federal Medicaid funding—Federal Financial Participation (FFP)—to pay for medical care provided to individuals who are "inmates of a public institution," which is commonly referred to as the "inmate exception." This results in counties covering the full cost of jail inmates' health care services rather than eligible detainees receiving coverage through Medicaid.

1 *Bureau of Justice Statistics, Prison and Jail Inmates at Midyear Series: Jail Inmates at Midyear 2009—Statistical Tables,* http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2195.

2 *Initially the exchanges will primarily serve individuals purchasing coverage on their own and small employers; in 2017 states will have the option to allow businesses with more than 100 employees to purchase insurance from an exchange.*

3 *PPACA §1312(f)(1)(B).*

4 *National Commission on Correctional Health Care, The Health Status of Soon-To-Be-Released Inmates: A Report to Congress, Volume 2 (2004).*

5 *McDonnell, Maureen, Laura Brookes, Arthur Lurigio and Daphne Baille. "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations." Community Oriented Correctional Health Services Issue Paper. January 2011.*

6 *In 2014 states will be allowed the option to create a Basic Health Plan for uninsured individuals who have incomes between 133-200% FPL, who would otherwise be eligible for premium tax credits on the exchange. The Basic Health Plan will offer individuals Standard Health Plans and benefits for these plans must be at least equivalent to the essential health benefits package determined by the Secretary of the U.S. Department of Health and Human Services and that premiums do not exceed those in the exchanges.*

7 *"The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." Community Oriented Correctional Health Services. May 2011.*

When an individual enrolled in Medicaid is detained, the majority of states terminate Medicaid benefits, despite federal guidance that allows for the suspension of Medicaid for individuals involved in the criminal justice system whose eligibility for the program is not linked to Supplemental Security Income (SSI).[8] This benefit termination occurs primarily because of the inmate exception, as well as because some states' information management systems may not be designed to accommodate benefit suspension.

Of particular issue for counties are pre-adjudicated individuals, because benefit termination often occurs prior to official conviction and even though many individuals are in jail for very short periods of time. Upon their release from jail, individuals whose benefits are terminated must reapply for Medicaid, and the process of regaining benefits may take many months. Particularly for individuals with chronic medical or behavioral health issues, this unnecessary disruption of benefits can cause serious delays in their ability to access needed care and treatment. Additionally, lack of access to medical and behavioral health care services can also potentially increase recidivism rates for these individuals.

However unlike the provision allowing eligible pre-adjudicated inmates to obtain health insurance coverage through plans on the exchanges, the ACA does not provide further clarity regarding Medicaid and the pre-adjudicated population.[9] This means that while many individuals in jail pending disposition of charges will meet the new Medicaid income requirements in 2014 and will be able to enroll in Medicaid, any medical services they receive will not be covered through the program while they are incarcerated (barring an existing exception mentioned in Box 1).

Box1: Medicaid Inpatient Billing for Incarcerated Individuals

While federal law does not allow for the reimbursement of inmate medical care under Medicaid, there is an important exception to this rule. Specifically, the exception states that federal financial participation (FFP) is permitted "during that part of the month in which the individual is not an inmate of a public institution."[1] The Centers for Medicare and Medicaid Services has verified through guidance letters issued in 1997 and 1998 that this exception applies to incarcerated individuals once they are admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility or intermediate care facility that is not part of the state or local correctional system. Therefore, if an inmate is eligible for Medicaid and is transported out of a correctional facility to receive inpatient hospital services, Medicaid can be billed to cover the cost of these services.

1 *42 CFR 435.1009*

Enrollment Processes and Procedures for Newly Eligible Individuals

Through the ACA's expansion of health coverage, many individuals incarcerated in county jails will become eligible to enroll in either Medicaid or plans available through the exchanges. This expansion poses both opportunities and challenges in terms of eligibility determination and enrollment of individuals who newly qualify for coverage.

The ACA requires a coordinated eligibility determination and enrollment process for both Medicaid and plans offered on the exchanges. This means that determining individuals' eligibility for either Medicaid or a product on the exchange is intended to be a one-time streamlined screening conducted through a single application that is consumer-friendly and that minimizes administrative burdens. To facilitate the eligibility determination process, the U.S. Department of Health and Human Services (HHS) will operate a data services hub to provide functions for the exchanges such as verifying citizenship and tax information.[10]

8 *States such as NY, OR, MN and FL have adopted policies to suspend rather than terminate federal benefits; additionally, in OH a memorandum of understanding allows for the suspension of benefits..*

9 *NACo submitted comments in response to the proposed regulations related to Medicaid eligibility changes and eligibility determination for the exchanges advocating that the Centers for Medicare and Medicaid Services (CMS) should explicitly prohibit states from terminating Medicaid eligibility solely due to incarceration, that individuals pending disposition of charges should not be considered as inmates of a public institution and that incarcerated individuals should have the opportunity to apply for coverage either through plans on the exchanges or Medicaid. NACo's comments can be found at* www.naco.org/healthreformimplement. *However in response to these comments published with the new federal rules related to Medicaid eligibility changes on 3/16/12 CMS stated that issues related to FFP not being available to incarcerated individuals were beyond the scope of their rulemaking, and asserted that: "An individual is considered an inmate when serving time for a criminal offense or confined involuntarily in State or Federal prisons, jails, detention facilities, or other penal facilities, regardless of adjudication status." Similarly, in response to NACo's comments published with the new federal rules related to the exchanges on 3/12/12 CMS stated that the term "incarcerated, pending disposition of charges" will be clarified in future guidance. At the time of publication of this brief, no other administrative actions related to this topic had been issued.*

10 *Also, in September 2011 the U.S. Department of Health and Human Services* proposed a partnership model for the health insurance exchanges called for in the ACA. The partnership model is intended to provide states with additional exchange design options and will allow for states to perform some of the exchange functions and have the federal government operate other functions. For more information, see www.healthcare.gov/news/factsheets/2011/09/exchanges09192011a.html

Particularly in states where county human services agencies currently determine whether families are eligible for Medicaid, counties will likely continue to help certain individuals with enrollment in some way because of the ACA's requirement of a "no wrong door" approach for individuals applying for coverage. However, how county jails may be involved in the enrollment process remains a question, and their role has likely not yet been considered much in state-level exchange planning efforts.

Issues Related to Enrolling County Jail Inmates Eligible for Health Coverage

Conducting eligibility determination and enrollment is outside of the traditional scope of the core function of jails. While some jails already help enroll eligible individuals into public assistance programs such as Medicaid as part of their pre-release planning services, it is important to recognize that jails must focus on their primary purpose and direct the majority of their resources on inmate population management and public safety concerns.

However, many county jails experience a substantial number of individuals that cycle in and out of detention due to untreated mental health and substance abuse problems. Although health coverage does not guarantee access to services, enrolling these individuals into appropriate health plans may increase the likelihood that they will be able to obtain more consistent physical and behavioral health care. Increased access to appropriate treatment also has the potential to reduce the re-arrest rates of these individuals and consequently lessen the overall burden on county jails.

Considering these factors, counties may want to take the initiative in beginning to plan for the development of processes to enroll individuals in jail pending disposition of charges who fall into the eligibility category for exchange plan coverage. Additionally, regarding Medicaid, even though recently issued federal regulations state that current rules regarding FFP and inmates are not changed through the ACA, county jails can continue to enroll those who are Medicaid-eligible into the program to help expedite access to treatment and maintain continuity of care upon their release from incarceration.

The following paragraphs outline some of the potential key issues related to enrolling eligible individuals involved in the criminal justice system into the new health coverage options that will become available beginning in 2014. There are a number of other challenges not addressed here related to ensuring that the ACA's expansion of health coverage translates into meaningful access to medical and behavioral care for the unique needs of this population, such as having an adequate and qualified health provider workforce as well as potential complications associated with handling medical records and billing.

• Ensuring county jails are considered as a point of contact with newly eligible individuals

The ACA specifically requires states to provide targeted outreach to facilitate the enrollment of underserved and vulnerable populations in Medicaid or the Children's Health Insurance Program.[11] To fulfill the intention of this provision, exchange planning by state administrators should include consultation with a wide range of local level stakeholders, such as county officials, community providers, as well as criminal justice authorities.[12]

For example in Massachusetts, which established a state-based health insurance exchange in 2006, evaluations of enrollment data show that a substantial portion of low-income young adults with behavioral health issues were not receiving substance abuse treatment and were much less likely to be enrolled in health programs than the general population.[13] Since a large portion of jail detainees have many of these same population characteristics, evidence from Massachusetts' experience appears to demonstrate the importance of including the criminal justice system in enrollment efforts.

Also some of the individuals who will be newly eligible in 2014 may not be aware that they qualify for health coverage. A number of these individuals will have interactions with the criminal justice system, and their time in custody could be an important opportunity to provide them with information about health coverage options. As states develop their overarching enrollment outreach strategies, they should recognize that it will be important to connect with staff at local jails and the wider justice system, such as public defenders, probation officers and others.

• Lack of staff capacity at jails to assist with/conduct screening and enrollment

A number of jail inmates will require assistance in applying for health coverage, as they may have limited literacy skills and/or lack experience using computers,[14] or correctional authorities may determine that all enrollment activities should be conducted specifically by jail staff. However many jails have staffing constraints and may have limited personnel available to engage in the additional work associated with conducting the enrollment of eligible inmates.

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11 PPACA §2201(b)(1)(F)

12 McDonnell, Maureen, Laura Brookes, Arthur Lurigio and Daphne Baille. "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations." Community Oriented Correctional Health Services Issue Paper. January 2011.

13 Executive Report of the Working Group on Health Reform and Criminal Justice: Implications for the Delivery of Behavioral Health Services to the Criminal Justice Population Cycling through Jails. Community Oriented Correctional Health Services. September 2011.

14 Ibid. and "The Implications of Health Reform for the 9 Million People Who Cycle Through U.S. Jails Each Year: Frequently Asked Questions." Community Oriented Correctional Health Services. May 2011.

The ACA does establish a Navigator program to provide funding to entities that have the capacity to provide outreach and application assistance. Entities with experience enrolling individuals into federal programs—such as county human services agency staff—may opt to participate in the program and could potentially assist with enrolling eligible individuals in jails. Yet it will be important to remember that some county human service agencies, nonprofit organizations and other entities serving as Navigators may lack experience working with jail populations and there may be challenges associated with establishing better connections between these agencies and correctional authorities.

• Barriers related to jail environment and jail population characteristics

While jails may serve as an important place of interaction with a substantial portion of the newly eligible individuals, there will be enrollment challenges due to the nature and constraints of the jail setting. First, high turnover rates are common in jail populations—a substantial portion of jail detainees are released within 48 hours, although the average length of detention varies from two weeks to two months.[15] Since a significant number of individuals are released in a matter of days, for a large portion of the justice-involved population there may not be sufficient time during their stay in custody to conduct eligibility determination and enrollment in Medicaid or an appropriate health plan on the exchange. Also, some county jails that currently conduct Medicaid enrollment just prior to an inmate's release have encountered complications associated with inmates' scheduled release dates frequently changing, making it difficult to track individuals and connect them to coverage in a timely way.

Another challenge is that some inmates will not have the appropriate documentation needed for enrollment, as they may lack or not have on hand at the time of their arrest any form of government-issued identification.[16] Furthermore, for a variety of reasons some justice-involved individuals might be reluctant to enroll in health coverage.[17]

• Information technology challenges

Assuming that jail staff do become involved in enrolling eligible individuals into new health coverage options, one of the issues that will need to be considered is the information technology capacity of jails. For some jails there may need to be new hardware installed to connect with the state exchange.

There also may be some complications associated with county information technology staff permitting electronic linkages to the exchanges and issues related to establishing appropriate protections to ensure private health data are not compromised. Counties that opt to enroll eligible incarcerated individuals will need to work with state exchange planning commissions and state Medicaid agencies to develop streamlined electronic enrollment processes and procedures.

• Challenges associated with eligibility changes

Individuals in jail pending disposition of charges who are in the exchange eligibility category should be able to enroll in an exchange plan or if already enrolled in one be able to maintain this coverage, although how exactly plan benefits and billing would operate for this population is unclear. However if an individual is adjudicated guilty the ACA requires that the enrollee must report this to the state exchange as s/he would no longer be eligible for coverage. In practice this would most likely require correctional facility staff or other eligibility determination workers associated with the jail to report this eligibility change to the exchange. Yet federal rules also allow a member of the enrollee's household to report the eligibility change and the state exchange itself is permitted to verify incarceration status via certain data sources.

Regardless, questions remain about how exactly this reporting process and coverage termination would occur within the jail setting. The rules further state that inmates are permitted to apply for exchange coverage to help coordinate potential coverage upon release from incarceration and that newly released qualified individuals are eligible for a special enrollment period.

The ACA also requires that individuals self report when their income changes to account for potential changes in the amount of premium subsidy support available to help them purchase exchange plan coverage. This reporting is necessary because they may experience an income increase or drop that affects whether they are eligible for either Medicaid or exchange plan coverage. For individuals in jails, similar to reporting changes in eligibility status, it is unclear how this income change reporting might occur. Additionally with income shifts there are other complications associated with maintaining coverage of health services for incarcerated individuals.

For example, if an individual is held in custody pre-adjudicated for a substantial period of time and enrolled in an exchange plan, without any income this person would likely eventually fall into

15 *"The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." Community Oriented Correctional Health Services. May 2011.*

16 *"The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." Community Oriented Correctional Health Services. May 2011.*

17 *Some incarcerated individuals may be unwilling to enroll in federal assistance programs due to issues such as delinquent child-support payments or their involvement with gangs. (Executive Report of the Working Group on Health Reform and Criminal Justice: Implications for the Delivery of Behavioral Health Services to the Criminal Justice Population Cycling through Jails. Community Oriented Correctional Health Services. September 2011.). Also, some jails that have tried to enroll incarcerated individuals at the time of their release from jail found that after their release individuals were reluctant to stay and complete any necessary enrollment paperwork.*

Medicaid's eligibility category while they are in jail.[18] Yet because of existing Medicaid coverage limitations for all incarcerated individuals, any health services they might receive would be unable to be reimbursed by Medicaid.

Final rules related to the exchanges attempt to minimize coverage gaps for individuals that move from exchange plan coverage to Medicaid by allowing for the last day of exchange plan coverage to be the day prior to the start of Medicaid coverage, if the individual is eligible for the program. States could also potentially help reduce the administrative burden associated with eligibility shifts by ensuring that there are some plans offered that participate in both Medicaid and the exchange market. Both of these options could potentially help individuals held pre-adjudicated for long periods of time in that they would at least be able to remain enrolled in coverage.

Potential Model Eligibility and Enrollment Systems and Processes

While there may be commonalities across jurisdictions, there can be no standard set of specific enrollment procedures and protocols, and planning initiatives will be distinctive to each county. In addition to having different considerations based on jail size, every county has different types of relationships established within their criminal justice and health care systems and operates under unique state constraints.

The following is a sampling of local and state practices that may be able to serve as models for counties and states as they plan for ensuring that vulnerable and underserved populations eligible for health coverage in 2014, such as incarcerated individuals, are enrolled as efficiently as possible.

Interagency Partnerships and Medicaid in the New York City Jail System

In most jails, the department of corrections or the sheriff's office is responsible for the provision of health care services to all inmates. In New York City (NYC) however, the Department of Health and Mental Hygiene (DOHMH) is responsible for medical, mental health, substance abuse, dental, discharge planning, and transitional health care services for all inmates in the city's jails. This helps facilitate a comprehensive public health approach to health services for the incarcerated population. Along those lines, the DOHMH with assistance from the local department of social

Box 2: Key Local Criminal Justice Stakeholders to Involve in Planning for 2014 Health System Changes

For counties that choose to do so, developing plans to enroll eligible individuals in county jails in the appropriate health plan option in 2014 will involve a number of different stakeholders within the local criminal justice system, listed below:

County Officials: As elected officials, county officials can lead and coordinate efforts among county jails, other county agencies and community partners to plan for enrolling eligible individuals

County Sheriff: As a county official, the county sheriff can serve an important leadership role in supporting enrollment efforts and can promote public awareness about how providing justice-involved individuals with appropriate physical and behavioral health services can lead to greater public safety

Jail Warden: Responsible for the secure confinement of individuals in jail who are being held prior to their trials or are serving short sentences after being convicted; could help facilitate initial enrollment processes at booking and/or as part of pre-release planning services

Pretrial Services Officer: Responsible for assessing individuals immediately after booking; although there could be some time and resource constraints with attempting to conduct enrollment at this stage, they could help facilitate the initial stages of enrollment processes at booking and/or provide information about health resources

Social Worker and/or Pre-Release Planning/Reentry Jail Staff: Would likely serve a key role in enrolling eligible individuals in jails into appropriate health coverage options and/or provide information about health resources

Other key individuals within the local criminal justice system: Other individuals serving important roles in the local criminal justice system, such as the district attorney's office, public defenders, judges and others should be aware of the ACA's health coverage opportunities for certain incarcerated individuals; some, such as probation officers, may also be directly involved with providing information to recently released inmates about health coverage options (see Alameda County example)

Criminal Justice Coordinating Council (CJCC): Some counties have formed CJCCs, which are comprehensive committees made up of a wide range of individuals and entities connected to the criminal justice system, including local elected officials; CJCCs could help bring together a diverse group of key stakeholders to discuss potential enrollment processes for incarcerated individuals

18 *In final federal regulations pertaining to the exchanges issued 3/12/12, the U.S. Department of Health and Human Services indicated that it would consider comments regarding maintaining coverage for incarcerated individuals leaving custody in future guidance.*

services invests substantial resources into Medicaid eligibility screening and pre-enrollment services for mentally ill inmates who account for about one-third of the NYC jail population, totaling approximately 30,000 admissions per year. The DOHMH has state-funded discharge planning staff who facilitate the screening and pre-enrollment of eligible incarcerated individuals into various public entitlement programs including Medicaid. Discharge planning services, including benefits screening, generally begin after the inmate has been in custody more than a week, and negotiated arrangements with the state help address initial enrollment barriers related to lack of identification. Upon release, many pre-screened inmates receive temporary pharmacy cards to help them obtain needed psychotropic drugs prior to their Medicaid determination and the city's Service Planning and Assistance Network can assist mentally ill inmates with discharge planning services that they were unable to get while in jail, including the completion of Medicaid applications. Additionally, as New York is one of the few states that suspend rather than terminate Medicaid benefits upon incarceration, Medicaid beneficiaries incarcerated less than 30 days are able to retain their status. Individuals who are in custody more than 30 days can have their benefits suspended, enabling them to generally reinstate coverage and gain access to care more quickly upon release from jail.

• Comprehensive Reentry Services: Allegheny County, PA

Well-designed county jail reentry programs may be able to serve as models for enrolling eligible inmates in 2014. For example, Allegheny County, PA established the Allegheny County Jail Collaborative (ACJC) in 2000 to better coordinate reentry services for county jail inmates. The Collaborative is comprised of representatives from

Box 3: Steps Your County Can Pursue to Prepare for Enrolling Justice-Involved Individuals

The following are some steps that county officials, jail staff and other county agencies working with incarcerated individuals may want to consider as they begin to plan for health system changes in 2014:

Improve data gathering and sharing: Gain a more comprehensive understanding of your county jail's population characteristics by collecting and analyzing relevant data; also determine how data sharing and communication among stakeholders within your county's criminal justice system can be improved.

Consider current inmate screening and transition planning processes: Evaluate current jail intake and discharge planning services to determine if there may be a relatively straightforward way to incorporate eligibility determination and enrollment procedures or ways to modify existing enrollment practices to accommodate the expected increase in newly eligible individuals. For example, counties with existing enrollment processes as part of their reentry services could focus on adapting these efforts to address anticipated needs in 2014.

Also, jurisdictions that conduct pretrial screenings often include health-related questions which potentially could be refined to also identify possible eligibility for health coverage. Additionally, some jails that utilize existing transitional planning models such as the APIC model (assess, plan, identify, coordinate) for individuals with mental illness and co-occurring substance abuse disorders might consider embedding eligibility screening and enrollment at some point within this established process.[1]

Consider current roles of county staff interacting with justice-involved individuals: Assess whether it would be feasible for current staff responsibilities within the jail to be modified to assist with eligibility determination and enrollment processes for eligible inmates, or if state eligibility determination workers could be utilized (see Salt Lake County, UT example). Alternatively there may be other county staff, such as human services staff, who could work more closely with county jails to facilitate enrollment of eligible individuals.

Create or strengthen partnerships: Develop or enhance existing partnerships among local health care and community social service providers serving justice-involved individuals to facilitate better coordination and connection of justice-involved individuals to appropriate physical and behavioral health services.

Connect with state-level officials: Communicate with state-level policymakers, in particular state Medicaid directors, state corrections officials and state exchange governing boards to highlight the issue of how many newly eligible individuals for both Medicaid and plans on the exchanges will come into contact with the criminal justice system. State officials may be able to inform local planning efforts by providing estimates of the number of newly eligible individuals in the state and potentially by county.

Also, engage with state insurance regulators and health plan providers about the needs of the justice-involved population and how developing health plans that participate in both Medicaid and the exchange market could help address challenges associated with eligibility changes.

Develop or improve jail diversion programs: Create or strengthen county jail diversion programs to reduce inappropriate incarcerations of individuals with mental health and/or substance use disorders and instead connect them with community-based support services.

1 *Based on comments during NACo Sponsored Working Group on Medicaid Expansion. February 23, 2012.*

the Allegheny County Jail, the county Department of Human Services (DHS), the Court of Common Pleas (criminal division), and the county Health Department. The Jail Collaborative has initiated comprehensive planning that includes reentry programming which begins when individuals enter county jail. The wide range of service coordination provided to incarcerated individuals includes helping them apply for medical assistance and connecting them to substance abuse treatment and/or mental health services. Social workers at the jail assist in completing Medicaid enrollment applications and supporting documentation prior to a planned release and send the information to the local County Assistance Office.

Allegheny County DHS Justice Related Services and community-based service coordinators may then also assist or accompany individuals to the in-community office appointment with the local the County Assistance Office to complete the application process for Medicaid and to coordinate appropriate treatment and support services post-release. In addition, the Allegheny County Jail has developed a Discharge Center where staff help individuals with their release by assisting with such items such as medications, transportation, and appropriate clothing for their release. These types of practices in Allegheny County and other counties which have robust reentry support services can serve as models for how enrollment could occur in jails in 2014. Additional information regarding the Allegheny County programs is available at www.alleghenycounty.us/dhs/jail.aspx.

• Post-Release Enrollment: Alameda County, CA

California's Bridge to Reform program is a Medicaid Demonstration Waiver that is designed to help the state plan for implementation of the ACA's health care coverage expansion provisions. One of the primary initiatives of the program is the Low-Income Health Program (LIHP) coverage expansion effort that uses federal Medicaid matching funds available through the waiver to help expand health care coverage for low-income individuals in the state prior to ACA Medicaid eligibility changes in 2014. Alameda County is one of the many counties in the state that have LIHPs, and their program, HealthPAC, is an expansion of the existing County Medical Service Program and aims to cover all county residents with income under 200% FPL. The program has a component that focuses on enrolling individuals just after their release from jail during their probationary period, specifically focusing on the AB109 population.[19] While the effort is a pilot program, county leaders view the initiative as a positive step toward connecting justice-involved individuals to appropriate health care services that could potentially be expanded in the future.

• Preparing for 2014: Salt Lake County, UT

In Salt Lake County, UT, the Division of Behavioral Health Services within the county's Department of Human Services has helped lead efforts to plan for how the justice-involved population within the county will be affected by the ACA's expansion of Medicaid and creation of health insurance exchanges. By actively communicating with their state Medicaid office, they were able to gather information demonstrating that most inmates in the county's jail system will fall into the new Medicaid expansion population category. To develop strategies for enrolling these newly eligible individuals, they have created a health care services integration coordinator position to help anticipate and plan for some of the issues that the jail will need to consider in 2014. Additionally, the county is currently actively enrolling eligible inmates in Medicaid so that they will be able to receive benefits upon their release. This process has been facilitated by the county directly employing state Medicaid eligibility determination workers by paying the Medicaid administrative match rate, as well as by working with other community partners.

Conclusion

There are a number of challenges to be addressed in terms of developing enrollment processes for incarcerated individuals who will become newly eligible for health coverage through the ACA and there are still unanswered questions related to the law's implementation. Consequently many counties will not be ready to enroll all eligible individuals in jails by 2014 or may choose to wait to develop enrollment strategies for this population group until after the ACA's coverage expansion provisions have taken effect.

However, there are a number of reasons that some counties may choose to consider beginning enrollment planning efforts for justice-involved individuals. The ACA's expansion of health coverage can better connect individuals involved in the criminal justice system to appropriate medical and behavioral health care services, which in turn has the potential to reduce recidivism rates as well as county jail health care costs. Considering the many possible public health and criminal justice system benefits, counties may want to begin taking incremental planning steps now and continue to move forward on developing enrollment processes and procedures for eligible individuals in county jails even after 2014.

Additional Resources

For further information on this topic and related issues, please see:

- **NACo's health reform implementation page**: www.naco.org/healthreformimplement
- **NACo's criminal justice programs:** www.naco.org/programs/csd/Pages/Justice.aspx
- **Community Oriented Correctional Health Services (COCHS):** www.cochs.org

19 AB109 is a bill passed in 2011 by the California State Legislature to address the U.S. Supreme Court order that mandated that California reduce its prison population by May 2013 to address overcrowding issues. The law moves inmates considered to be low-risk from state prisons to county jails, and this is sometimes referred to as "prison realignment."

Employee Wellness Initiative

Lancaster County Board Staff Meeting

November 29, 2012

Current City Wellness Initiative

- Health, Aging, Libraries, Planning, Building and Safety, and Personnel are participating along with the other City Departments
- All Departments have a representative on the Wellness Committee
- City wellness coordinator works with each Department
- All City employees have had the opportunity to complete a Health Risk Assessment (HRA)
- Individual Departments received the results of their HRA

Health Risk Appraisal

- Health, Aging, Planning, Building and Safety, Personnel, Libraries: Represent 561 employees
- Approximately 280 employees of these 570 took the electronic Health Risk Appraisal (49%) while over all, 731 of 2094 City employees (35%) participated
- Each Department received their results and have developed a specific plan tailored to their specific Department

Results of the City HRA

- 70.4% of respondents are overweight or obese based on Body Mass Index
- 22.9% of respondents do not engage in the recommended amount of physical activity
- 34.8% of respondents have not had a seasonal flu vaccination in the past year
- 97.1% of respondents have health care coverage
- 84.2% of respondents have had their teeth cleaned in the past year
- 8% of respondents are tobacco users
- 9.8% of respondents consume the recommended amount of fruits and vegetables per day

City-wide Plan for Improving Employee Health

- Identified Health Priorities: Nutrition/Weight Management; Physical Activity; Stress Management; Flu Vaccination; Tobacco Use
- Most Departments are working on Healthy Eating, Physical Activity, Tobacco Cessation
- Individualized Department Examples: Lincoln Fire and Rescue – healthy meal planning; Public Works Streets Operations – pre-shift stretching program; Health Department – walking program

City-wide Plan for Improving Employee Health (con't)

- Vending machines are labeled for "healthier" snacks and drinks
- Tobacco Cessation information and resources are being made available
- Nutrition presentations
- Indoor and Outdoor walking routes for different buildings
- Healthy snack options instead of only cookies and doughnuts

Options for County Wellness

- Build on existing efforts
- Senior Management Support
- Wellness Teams in Departments
- Ability and willingness to look at data – HRA, Blood Chemistry Profiles, Health Claims, etc
- Written Plan for Wellness
- Interventions to meet the needs of the Plan
- Willingness to look at policies and benefit options

Benefits from Quitting

After you quit smoking:

- **In 20 minutes:** Your blood pressure drops to your pre-cigarette level.
- **In 12 Hours:** Your carbon monoxide level drops to normal.
- **In 24 Hours:** Your chance of a heart attack may decrease.
- **In 2 weeks to 3 months:** Your lung function may increase up to 30%.

- **In 1 year:** Your excess risk of developing coronary heart disease is now half the risk of a smoker.
- **In 5 years:** Your stroke risk is reduced to that of a non-smoker.
- **In 10 years:** Your lung cancer death rate is about half that of a person who continues to smoke.
- You save money by not buying cigarettes! (About $1,500 per year for a pack-a-day smoker)

Source: American Cancer Society 7/6/2010

Contact Information

City Wellness Program Coordinator-

Let me know if I can assist you:

- **Keerun Kamble**- Phone: (402) 441-8042
  Email: kkamble@lincoln.ne.gov

Blue Cross Blue Shield of Nebraska Coverage Assistance-

- https://www.nebraskablue.com/
- Member Services- Phone: (800) 642-8980

Schedule of Benefits Summary for Summary for Tobacco Cessation Products-

- **ATU/IAFF**
  http://lincoln.ne.gov/city/person/risk/BCBS/City/2012SOBATU_IAFF.pdf, Page 6
- **PAGE**
  http://lincoln.ne.gov/city/person/risk/BCBS/City/2012SOBPAGE.pdf, Page 6
- **LPU/LCEA/E/DSS/X/M**
  http://lincoln.ne.gov/city/person/risk/BCBS/City/2012SOB.pdf, Page 6
- **Blue Cross Blue Shield, Health Care Reform-Benefits for Prevention Services for Tobacco Use**
  http://lincoln.ne.gov/city/person/risk/BCBS/City/2012HCR%20Prevent%20Bene.pdf, Page 4

EXHIBIT
tabbies
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TOBACCO CESSATION

WELLNESS BENEFIT

from your **BCBS of Nebraska**

Health Insurance

Plan

CITY OF LINCOLN NEBRASKA
WELLNESS PROGRAM

Quitting Tobacco is not easy to do, but you don't have to do it on your own. People have used various ways to quit such as telephone quit-lines, support groups, or self-help materials. Those most often successful utilize one or more of these methods in combination with tobacco cessation products which are available through the City of Lincoln health insurance plan.

What is my Tobacco Cessation Insurance Benefit?

City of Lincoln employees, who are members of the Blue Cross Blue Shield of Nebraska health insurance plan, can obtain certain tobacco cessation products at **no cost** with a prescription! This benefit extends to the members' dependents of all ages as well.

To Obtain your Tobacco Cessation Products:

1. Make the decision to quit
2. Schedule an appointment with your doctor to discuss tobacco cessation products
3. Get a prescription for a tobacco cessation product- either over-the-counter (OTC) or prescription
4. Have the prescription filled by your pharmacist
5. The pharmacist will discuss the tobacco cessation product with you.

You may see this term, Nicotine Addiction Drug, on your Schedule of Benefits Summary. It's another name for tobacco cessation/quit products.

NEBRASKA

BCBS of Nebraska Health Insurance Plan Coverage

100% covered

for FDA-approved prescription or over-the-counter tobacco cessation products with a prescription from your doctor

No cost to you!

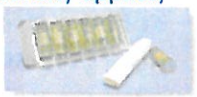
Examples of over-the-counter drugs that are covered with a prescription:

- Nicotine Transdermal System Kit
- Nicotine Gum
- Nicotine Lozenges
- Nicotine Patch

(Available in Brand Name and Generic)

Examples of prescription drugs that are covered:

- Bupropion ER
- Chantix
- Zyban (mandatory generic penalty applies)
- Nicotrol Inhaler
- Nicotrol Nasal Spray



Tobacco quitting methods that are not covered include non-drug therapies such as support classes, hypnosis, or acupuncture.

Additional No Cost Tobacco Cessation Resources for You or Someone You Know

- **Nebraska Tobacco Quitline**
  quitnow.ne.gov
- **BCBS-NE**
  www.Bluehealthadvantagene.com
  - Smokefree.gov
  - Freedom from Smoking Online-ffsonline.org
- **American Cancer Society**
  www.cancer.org/Healthy/StayAwayfromTobacco/index
- **Centers for Disease Control and Prevention**
  www.cdc.gov/tobacco/quit_smoking/index.htm
- **Become an Ex**
  www.becomeanex.org
- **National Cancer Institute LiveHelp Service**
  https://livehelp.cancer.gov/app/chat/chat_launch

EXHIBIT
tabbies
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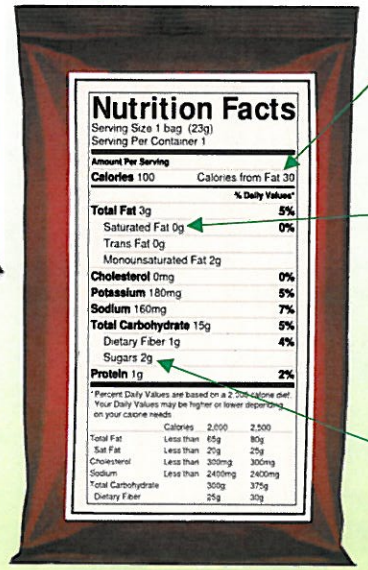
Difference between a Fit Pick food item & a Non Fit Pick food item:

Fit Pick 35-10-35 Criteria:

- Less than 35% of total calories are from fat
- Less than 10% of total calories are from saturated fat
- Less than 35% of total weight is from sugar

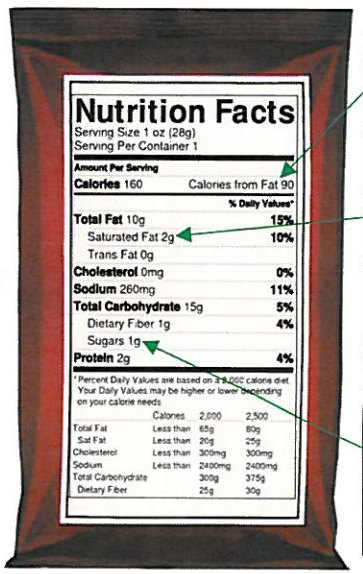
(Nuts and seeds are exempt from total & saturated fat.)



Fat Calories:
30/100 = 0.30 x 100 =
30%

Saturated Fat Calories:
0g x 9 calories per g =
0 calories/100 =
0 x 100 = **0%**

Weight from Sugar:
2g/23g = 0.09 x 100 =
9%



Fat Calories:
90/160 = 0.56 x 100 =
56%

Saturated Fat Calories:
2g x 9 calories per g =
18 calories/160 =
0.11 x 100 = **11%**

Weight from Sugar:
1g/28g = 0.04 x 100 =
4%

EXHIBIT
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NEBRASKA

BlueHealth Advantage

small changes Big Difference

BlueHealth Advantage Wellness Program

Wellness Solutions

A successful wellness program will not only help lower your company's health care costs, it can produce an even greater reward – positive changes in productivity and engagement when your employees become healthy, more energized members of your organization. Even small changes in employee behavior will make a big difference. **Blue Cross and Blue Shield of Nebraska's BlueHealth Advantage program will help you understand the health status of your workforce and what steps you can take to improve employee health and productivity.**

At Blue Cross and Blue Shield of Nebraska, we believe that each employer group is unique. Companies have different health risks, knowledge and interests, and work cultures – not to mention varying budgets that can be dedicated to workplace wellness. Therefore, a "one size fits all" approach to wellness will not yield the optimal results for each employer.

WELL WORKPLACE PLATINUM

Our goal is to build a wellness solution tailored to your unique needs. We will help you identify and address your needs in a manner that best fits your corporate culture. We are well positioned to assist you in the health and wellness arena because we have successfully implemented our own internal wellness program—we know how to develop a positive, results-oriented worksite wellness initiative. In fact, Blue Cross and Blue Shield of Nebraska has earned the Platinum Well Workplace Award from the Wellness Council of America—proof that we have successfully linked workplace health promotion objectives with business outcomes.

Getting Started

Although there is no single approach to wellness, there is a series of benchmarks inherent in programs that consistently produce results. These "Seven Benchmarks to a Well Workplace" were developed by the Wellness Council of America, an Omaha-based non-profit organization dedicated to promoting healthier lifestyles for all Americans—especially through worksite wellness initiatives.

Seven Benchmarks

1. Capturing Senior Level Support
2. Creating Cohesive Teams
3. Collecting Data
4. Crafting an Action Plan
5. Choosing Appropriate Interventions
6. Creating Supportive Environments
7. Carefully Evaluating Outcomes

Taking the Personal Health Assessment

The key identifier of a group's overall health status is the personal health assessment (PHA). The PHA is available online free of charge for Blue Cross and Blue Shield of Nebraska groups and $6 per participant for non-Blue Cross and Blue Shield of Nebraska groups. (An annual set-up fee also applies.) A paper version is also available for $10 per participant. The assessment tool consists of three sections:

Risk Assessment – Identifies the aggregate health risks inherent in your population.

Knowledge and Interest – Assesses the knowledge level of employees to target needed educational programs. For example, do employees know appropriate cholesterol levels, recommended levels of exercise, and nutrition guidelines?

Corporate Culture Audit – Evaluates employees' perception of the company's health culture and determines their level of engagement and satisfaction with its wellness efforts.

The Health Culture Audit and Knowledge/Interest Inventory sections of the personal health assessment set us apart from standard tools offered by others. Besides gathering information regarding the workforce's risk factors, the PHA helps determine how employees perceive the company's work culture and assesses their health knowledge. This in turn will help determine the appropriate level of programming needed.

After completing the PHA, each employee will receive a confidential, personalized health report detailing his/her individual health status. Authorized representatives of the organization will receive an aggregate report summary.

Taking Action

Once the health status, knowledge gaps, and health culture of your employee population have been identified, our wellness experts will formulate a customized wellness action plan for you. Our job is to coach and guide you through the process of implementing and maintaining a successful wellness program. Some of the risk intervention programs offered will include:

Walking Works – This program helps motivate individuals to make brisk-paced walking part of their every day routine through company sponsored walking events and set personal walking goals based on their current level of fitness and health.

Know Your Numbers – This program is designed to encourage individuals to compare their blood pressure, cholesterol, blood sugar, and body mass index values to recommended levels and make lifestyle changes to meet targeted goals.

Healthy Weight Challenge Toolkit – A turnkey, 12-week program that will help motivate participants to improve their overall health and achieve a healthy weight. The challenge can be implemented as a team or individual challenge.

Quarterly Self-Study Program – This is an online program in which a new Lifestyle Management Guide topic will be presented along with an online self-study quiz every quarter throughout the year. After completing the quiz, participants receive an electronic certificate of completion that can be used to award incentives.

Eat-Five-A-Day Challenge Toolkit – This program includes everything needed to implement a nutrition awareness/healthy eating campaign.

Physical Activity Challenge Toolkit – This is a three-month program aimed at motivating individuals to become more physically active.

Support materials for these programs include pedometers, educational materials, promotional posters, and payroll stuffers, the Walking Works benefits guide, wallet cards to track key numbers, tracking forms and information regarding incorporating incentives into the program.

Keeping Your Employees on Track

Other available wellness resources include:

BlueHealth Advantage Web Site – A comprehensive website that gives individuals access to free, high quality health resources, including Blue Cross and Blue Shield of Nebraska's quarterly wellness newsletter. Visit our web site at **www.BlueHealthAdvantageNE.com**.

Lifestyle Management Guides and Health Brochures – Twenty comprehensive behavioral modification guides are available on the website. Health topics covered include: high blood pressure, cholesterol awareness, tobacco use, depression, stress management, and more.

Medical Self-Care Guide – A medical self-care booklet that provides specific guidelines for appropriate home treatment for specific illnesses/injuries is available at a low cost. (Pricing depends on the number of guides ordered.)

Health Fair Support – Blue Cross and Blue Shield of Nebraska wellness representatives are available to staff a booth at your company's health fair. We also are the exclusive sponsor of the Blue Cross and Blue Shield of Nebraska/Lion's Club Mobile Screening Unit (MSU). The MSU can perform vision, diabetes, blood pressure, total cholesterol, and hearing tests at Nebraska-based employer sites with at least 75 employees for a reasonable cost.

Biometric Screening, Coaching, and Incentive Program Administration – Blue Cross and Blue Shield of Nebraska can provide a list of qualified wellness vendors that can provide these services to employers; vendor selection is based on a competitive bidding process.

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NEBRASKA

BlueHealth Advantage

Wellness Program Fees

Program	No Additional Charge	Fee
Online Personal Health Assessment (PHA) and Reports	X* No fee for individual PHAs and reports	Annual Set-up Fee (based on # of participants) As low as $50 for up to 250 participants. Assessment is available to any-size employer groups.
Paper PHAs and Reports		Set-up fee per above plus $10 per PHA
Walking Works	X	
Know Your Numbers	X	
Healthy Weight Challenge Toolkit	X	
Quarterly Self-Study Program	X	
Eat-Five-A-Day Challenge Toolkit	X	
Physical Activity Challenge Toolkit	X	
BlueHealth Advantage Web Tools	X	
Health Observance Calendar	X (PDF format)	
Blue Cross and Blue Shield of Nebraska Quarterly Newsletter	X (PDF format)	
Well Workplace Newsletters		Electronic or printed version - Price varies based on quantity and shipping
Lifestyle Management Guides	X (PDF format)	Printed version - $0.52 each plus shipping
Health Brochures	X (PDF format)	Printed version - $0.23 each plus shipping
Medical Self-Care Guide		$2.95 per copy plus shipping
Pedometers		$2.00 each
Health Fair Support	X	
Lion's Club Mobile Screening Unit		X
Biometric Screening		Varies based on level of screening
24/7 Nurseline/Health Coaching/Incentive Program Tracking		X
Tobacco Cessation Program Resources	X	

**$6 per participant for non-Blue Cross and Blue Shield of Nebraska groups*

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BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association

Wellness Program Implementation Schedule

Working together, we will implement a wellness campaign specific to your organization's needs following these easy steps.

Task	Resources	Target Date	Task Completion Date	Comments
PHASE ONE IMPLEMENTATION				
Discuss Wellness program				
Review WELCOA's model for wellness program success and the program components available.	BCBSNE			Address the seven benchmarks to a Well Workplace developed by the Wellness Council of America.
Discuss the Personal Health Assessment (PHA) tool and the process for completing the PHA, including employee communication.	BCBSNE			Define the PHA's role in establishing the wellness program and the communication efforts required to implement it.
Set goals, objectives and target dates for program launch.	BCBSNE/ Employer			Review organization's culture, past successes and challenges.
Determine if incentives will be part of the wellness program.	BCBSNE/ Employer			Examples include gift cards, giveaway, t-shirts, etc.
Designate Wellness Coordinator to oversee communication to employees.	Employer			The wellness coordinator will facilitate the delivery of health promotion program communication to employees and handle questions from employees.
Prepare for launch of the Wellstream PHA				
Determine start and end dates for completion of PHA.	BCBSNE/ Employer			
Provide sample CEO letter and other communication material templates.	BCBSNE			Letter copy, e-mail copy, posters, fliers are available. These pieces emphasize the "confidentiality" of the results.
Compile eligibility file and complete PHA implementation checklist and return them to BCBSNE.	Employer			The eligibility file and PHA implementation checklist must be completed by the deadline date.
Finalize communication pieces/plan and promote PHA/wellness program process to employees.	BCBSNE/ Employer			Include any incentives for completion of PHA.

Task	Resources	Target Date	Task Completion Date	Comments
Launch the Wellstream PHA				
Launch the PHA	BCBSNE/ Employer			Launch will depend on whether the eligibility file & checklist have been forwarded to BCBSNE by the target date.
Send notices to employees reminding them of deadline	Employer			
Review PHA Aggregate Reports				
Analyze results and develop targeted wellness plans based on health risks, knowledge/interests, stages of readiness to change, & health culture; present wellness plan to management team.	BCBSNE			Multiple techniques will be employed, ranging from web-based programming to face-to-face meetings. The goal will be to offer a number of stage-based risk interventions.
Meet with Wellness Coordinator to go over the results and to discuss the proposed action plan.	BCBSNE/ Employer			
Establish benchmarks, measurable goals & outcomes.	BCBSNE/ Employer			Healthy People national goals will be used to formulate benchmarks and measurable objectives for the program.
Finalize action plan based on results of the data analysis.	BCBSNE/ Employer			We will work closely with the Wellness Coordinator to develop and implement a targeted action plan for employees.
PHASE TWO IMPLEMENTATION				
Implement Health Promotion/Wellness Programs				
Discuss "National Health Observance" calendar of events and promote/ coordinate selected programs: • Walking Works • Know Your Numbers • Eat 5-A-Day • Newsletter campaign • Lunch and learns • Health fair • Biometric screenings	BCBSNE/ Employer			We will work with the Wellness Coordinator to offer friendly, team-oriented health challenges aimed at addressing selected modifiable risk factors identified via the PHA process. Examples include: • Physical inactivity • High BMI/weight management • Healthier nutritional practices • Tobacco cessation • Disease education/self-care
Evaluate Program Success				
Conduct satisfaction surveys.	Employer	Ongoing process		
Document improvement in health status (annual PHA)	BCBSNE			This will be done as part of the annual PHA process.
Re-evaluate program needs and modify activities accordingly based on the annual PHA data analysis.	BCBSNE/ Employer			

New from Blue Cross and Blue Shield of Nebraska

BlueHealth Advantage

In collaboration with the Wellness Council of America, we are proud to introduce the new BlueHealth Advantage Personal Health Assessment – Wellstream....

BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.

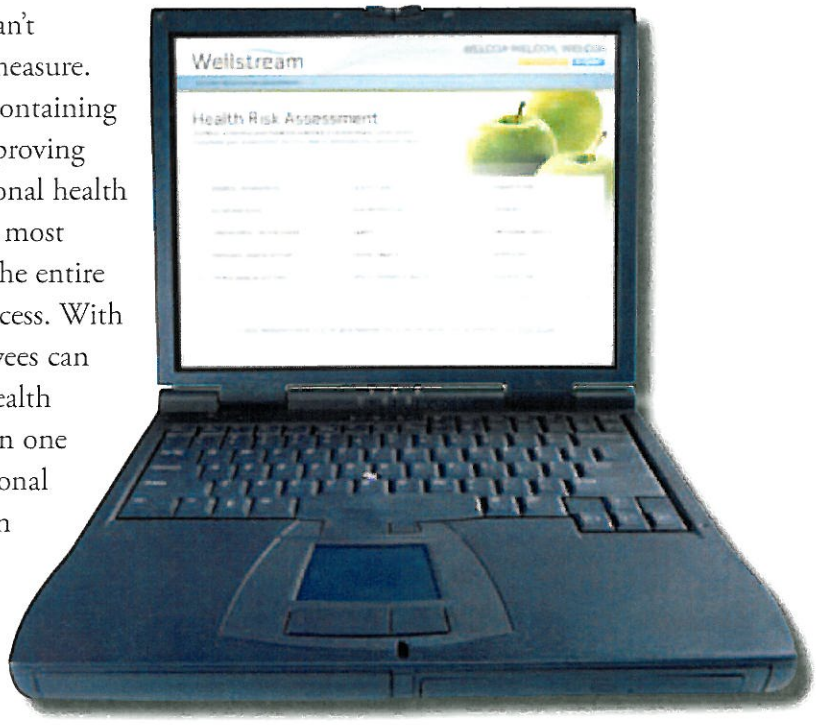
Introducing Wellstream...

Blue Cross and Blue Shield of Nebraska's Personal Health Assessment

We are proud to collaborate with The Wellness Council of America, one of the nation's premier resources for workplace health promotion, to introduce *Wellstream*. *Wellstream* is an innovative, user-friendly personal health assessment (PHA). This powerful tool will help your employees to assess and monitor their personal health status. More importantly, *Wellstream*—through its aggregate reporting function—will allow you as an employer to decipher important organizational health trends and introduce the appropriate health management interventions.

Why Does My Company Need The PHA?

Plain and simple, you can't change what you can't measure. And when it comes to containing healthcare costs and improving employee health, a personal health assessment is one of the most critical components in the entire health management process. With *Wellstream*, your employees can receive the important health information they need in one easy-to-understand personal health report. And, as an employer, you'll get a HIPAA compliant aggregate report. It really is that easy.



Wellstream
Personal Health Assessment

What Health Issues Does Wellstream Address?

Specifically, *Wellstream* incorporates an individual's personal health information, family health history, and general health status and correlates it with the following health issues:

- ✔ Blood Pressure
- ✔ Cholesterol/Blood Sugar
- ✔ Dental Health
- ✔ Tobacco Use
- ✔ Exercise
- ✔ Safety
- ✔ Emotional Health
- ✔ Nutrition
- ✔ Men's Health
- ✔ Alcohol Use
- ✔ Sun Protection
- ✔ Women's Health

What Will Wellstream Tell Me About Our Company?

In addition to the health risk indicators, Wellstream incorporates a Corporate Health Culture Assessment and an employee Knowledge and Interest inventory. Information from the Health Culture Assessment can be used to determine appropriate environmental modifications seen as important by your workforce. The Knowledge and Interest inventory identifies knowledge gaps to target with wellness education, and tells you what types of programming your employees are interested in seeing offered.

Does The Wellstream Assessment Incorporate The Stages of Change?

Yes! *Wellstream* is stage-based and provides participants with questions and report information that address all of the stages of change. In addition to providing stages of change information, *Wellstream* also provides individuals with results that compare year-to-year progress. This is a very important feature that will help your employees to monitor and track their health status over time.

Just imagine what you could accomplish if you had the ability to:

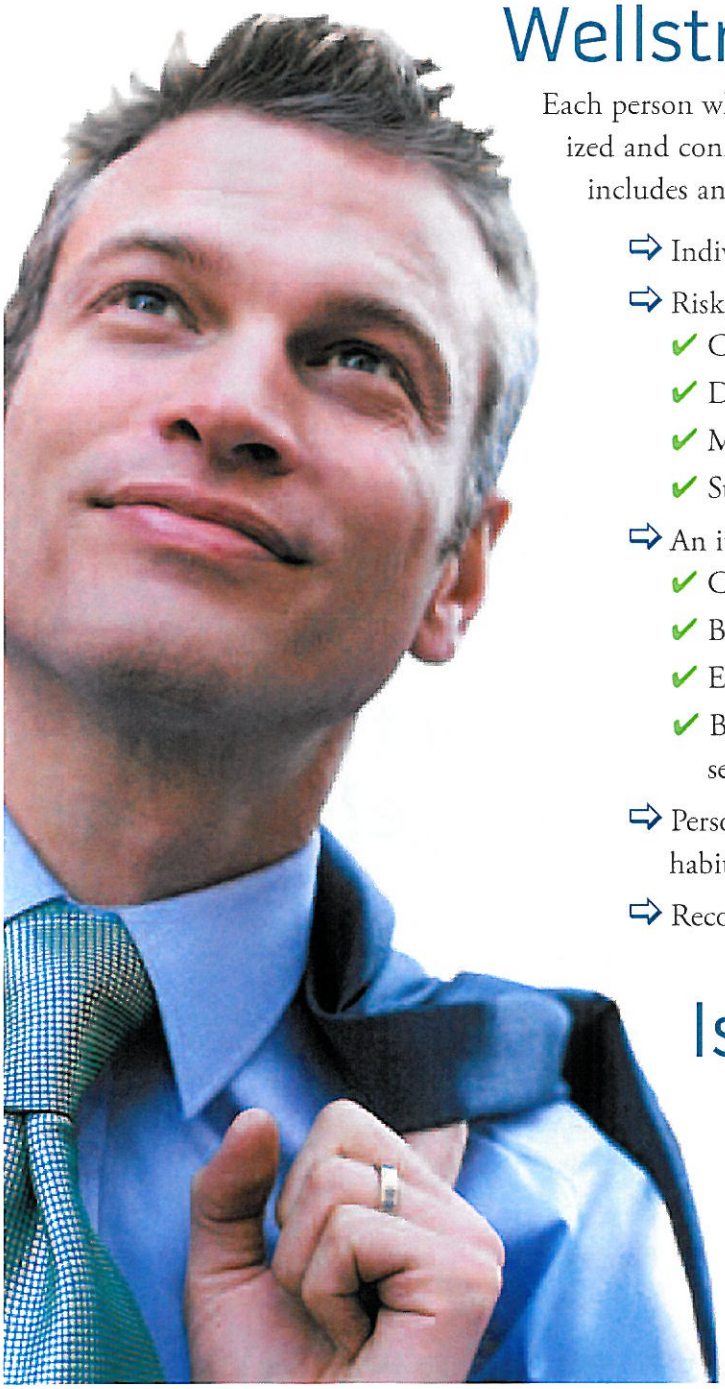
- ⇨ Assess and Track Employee Health Status
- ⇨ Reach Everyone With Personalized, Stage-Based Information
- ⇨ Monitor Important Trends Over Time

All With One Powerful Resource... Wellstream

Wellstream

PHA Unleashed

The Personalized, Confidential Wellstream Employee Report



Each person who completes the *Wellstream* assessment will receive a personalized and confidential summary of their current health status. This report includes an overall health risk level:

- ⇨ Individual risk factor status
- ⇨ Risk levels for specific health conditions including:
  - ✔ Cancer
  - ✔ Diabetes
  - ✔ Mental Health Concerns
  - ✔ Stroke
- ⇨ An itemized assessment highlighting current metrics like
  - ✔ Cholesterol
  - ✔ Blood Pressure
  - ✔ Exercise
  - ✔ BMI, etc. and comparing them to recommended targets set forth by national health and medical agencies
- ⇨ Personalized feedback regarding health screenings, personal health habits and both modifiable and non-modifiable risk factors.
- ⇨ Recommendations for improving health status

Is Wellstream HIPAA Compliant?

Yes. *Wellstream* has been reviewed by health experts and legal advisors to ensure that this new assessment meets HIPAA regulations and standards.

Wellstream provides users with a twelve-page customized personal health summary and employers with a comprehensive aggregate report...all at the most affordable price in the industry.

Wellstream's twelve-page personal health summary is an engaging report guaranteed to enlighten employees about their individual health status.

Wellstream
Personal Health Assessment

Wellstream's Aggregate Report

In addition to each employee receiving an individual report, a group aggregate report will be available in accordance to HIPAA guidelines. The aggregate report includes information on demographics, risk factors, health conditions, absenteeism, readiness to change and specific organizational recommendations. Your BCBSNE Wellness Expert will go through the report with you and discuss wellness programming opportunities.

Wellstream Is More Than Just A PHA

With more than two decades in the business of worksite wellness, WELCOA can help you set up an aggressive and effective communication campaign and incentives to drive up participation. So when you purchase *Wellstream*, you'll get much more than just an online assessment...you'll get a partner who is committed to helping you succeed.

Wellstream Is Affordable And Cost Effective

When choosing a personal health assessment, cost is always a factor. That's why we've chosen to price *Wellstream* competitively. In fact, you'll find that *Wellstream* is perhaps the most cost effective PHA in the industry.

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Wellstream

Personal Health Assessment

About Wellstream

Wellstream is an innovative and unique personal health assessment. Developed by experts who have more than 25 years experience in building nationally-recognized workplace wellness programs, Wellstream provides users with important health information regarding their health status and their adherence to preventive screening services.

Wellstream is extremely user-friendly as well as straightforward in its assessment and presentation of personal health information. Wellstream assesses major risk factors and lifestyle habits including: smoking, physical activity, nutrition, stress and a variety of other important biometric information.

One of the most affordable health assessments available, Wellstream provides not only individual reports but aggregate reports as well. Wellstream is available both electronically and in hard copy format.

All information is meticulously managed in a HIPAA compliant manner.

About WELCOA

Based in Omaha, NE, WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite. Specifically, WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs. In addition to helping organizations build structurally sound wellness programs, WELCOA responds to thousands of requests for information and materials by publishing a number of source books, a monthly newsletter read by approximately three million readers, an extensive line of brochures, as well as conducting numerous training seminars.

Wellstream

Personal Health Assessment

Bluehealth Advantage

Pricing Info

The Wellstream Personal Health Assessment (PHA) is one of the most comprehensive and affordable tools in the industry; it is available in electronic and/or paper format. The cost to administer the PHA to your participants is described below:

>> Electronic Version

- There is no charge for Blue Cross and Blue Shield of Nebraska members!
- For non-BCBSNE members, the charge is $6.00 for each PHA participant.

>> Hard Copy Version

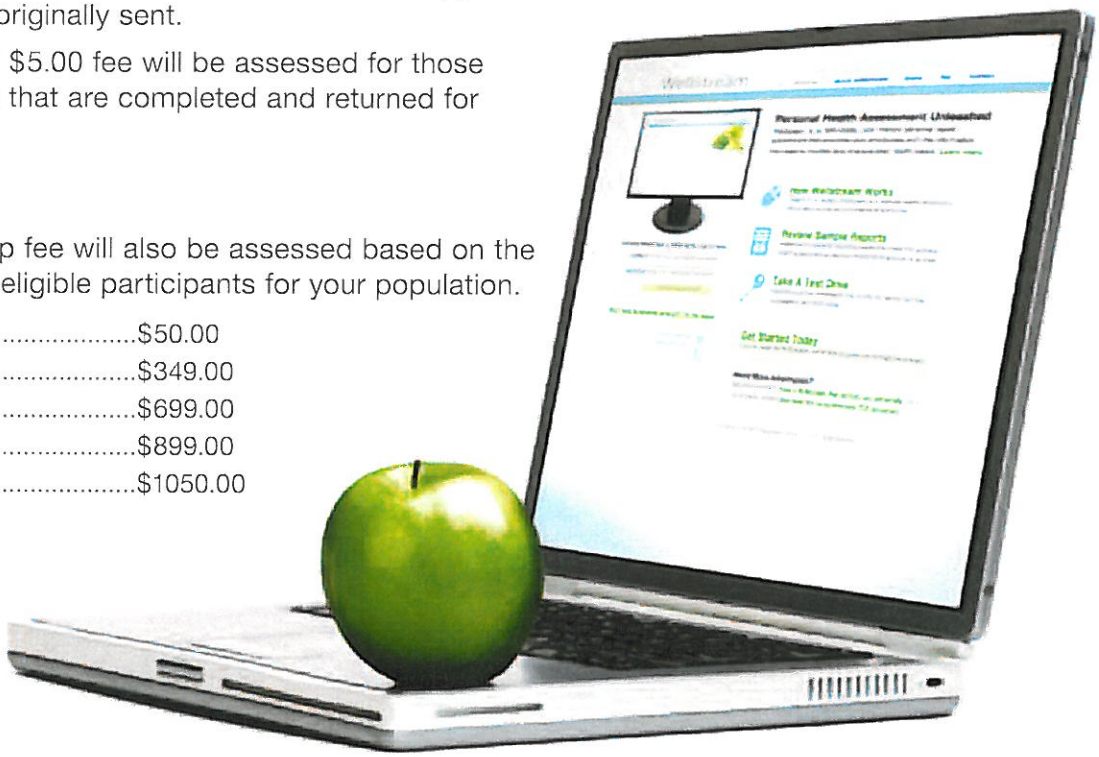
The pricing for the hard copy version is assessed in two ways:

1. There will be a cost of $5.00 for each blank copy assessment originally sent.
2. An additional $5.00 fee will be assessed for those assessments that are completed and returned for processing.

>> Set-Up Fee

An annual set-up fee will also be assessed based on the total number of eligible participants for your population.

1-250	$50.00
251-500	$349.00
501-1,000	$699.00
1,001-5,000	$899.00
5,000+	$1050.00



www.getwellstreambcbsne.com

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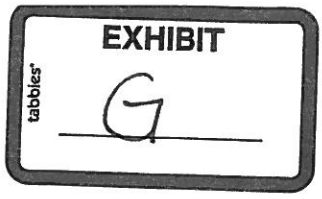


Summary of County Attorney & Public Defender Compensation Plan

1. Pay ranges are market based
2. Step progression plan for Attorney I
3. Merit pay plan for Attorney II
4. Cost of living increases would be made at the same time other unrepresented staff are considered.

GOALS:

- increase retention
- preserve institutional knowledge
- provide for succession planning (5 or more senior level staff will retire in the next 3-5 years)
- decrease turnover costs
    - 2011 Three (3) attorneys left the office losing a combined total of 26 years experience with a turnover cost of approximately $180, 525 (conservatively)
    - 2012 Three (3) attorneys left the office losing a combined total of 30 + years of experience with a turnover cost of approximately $ 185,550
    - If we lose 3 entry level attorneys at a salary of $56,561 the estimated cost of turnover is $163,462

COSTS

1. Placing Attorney I's on the appropriate step	Annual cost = $66,406 **(FY = $43,164)**
2. Award Attorney II's a 2% increase	Annual cost = $36,800 **(FY =$23,920)**
3. Award Chief Deputy @ 95 % of Elected Official	Annual cost = $2,513 **(FY = $1634)**
4. Div. Head Attorneys @ 92.5% & 87.5% of EO	Annual cost = $9662 **(FY = $6280)**
5. Merit Budget for Attorney II at average of 3%	Annual cost = $48483 **(FY = $31,514)**
Total----------	$163,864 **(FY= $106,511)**

ATTORNEY SALARY MARKET REVIEW 2012

	Attorney I			Attorney II	
COUNTY	MINIMUM	MAXIMUM		MINIMUM	MAXIMUM
Douglas	$55,200				$107,656
Linn	$64,402	$101,754		$69,749	$110,895
Minnehaha	$51,711	$78,684		$57,079	$86,855
Polk	$68,374				$117,595
Shawnee	$64,875				$103,709
Sarpy	$58,295	$79,331		$64,392	$90,605
US Attorney - NE	$50,894				$134,702
City of Lincoln	$51,515	$86,258		$64,004	$107,168
Mean	$58,158	$86,507		$63,806	$107,398
Median	$56,747	$82,795		$64,198	$107,412
Midpoint	$57,453	$84,651		$64,002	$107,405
Lancaster	$56,002	$58,446		$62,544	$100,857
$ incr/decr	$1,451	$26,205		$1,458	$6,548
% incr/decr	2.59%	44.84%		2.33%	6.49%

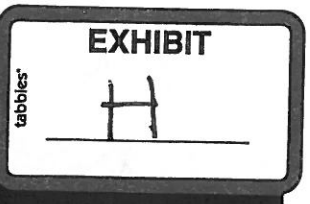
Sarpy County - Division Lead Attorney $73,680 - $103,676

ATTORNEY I PAY PLAN

Approximately 3.6% between steps

CLASS CODE	CLASSIFICATION TITLE	PAY GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
7410	ATTORNEY I	MSS	ANNUAL	56,001.92	58,017.44	60,105.76	62,268.96	64,511.20
			MONTHLY	4,666.83	4,834.79	5,008.81	5,189.08	5,375.93
			BIWEEKLY	2,153.92	2,231.44	2,311.76	2,394.96	2,481.20
			HOURLY	26.924	27.893	28.897	29.937	31.015

				STEP 6	STEP 7	STEP 8
		MSS	ANNUAL	66,834.56	69,241.12	71,732.96
			MONTHLY	5,569.55	5,770.09	5,977.75
			BIWEEKLY	2,570.56	2,663.12	2,758.96
			HOURLY	32.132	33.289	34.487



Prudential
Bring Your Challenges

Important Reminder
Regarding Your Retirement Plan

In March Prudential Retirement sent a mailing regarding changes that were being made to our automatic rollover product as a result of the Dodd Frank Act and Volcker Rule. The Prudential Bank & Trust FDIC insured automatic rollover was discontinued and we introduced a new Prudential Custodial automatic rollover IRA.

What this Means to You:
Terminated participants with small balances have been remaining in your plan because the automatic rollover product that your plan previously used is no longer available.

Before the end of the year you need to take **one** of the following actions:

- Sign and return the attached Prudential Automatic Rollover Agreement to elect to use the new Prudential product, or
- Select another automatic rollover provider , or
- Amend your plan document to remove the automatic rollover provision.

If Prudential maintains your plan document and you would like to amend it, please contact your Relationship Manager to discuss the above options.

If you do not take action you run the risk of having your plan be out of compliance.

Below is a brief description of the additional documents we have included in this email.

- A flyer introducing the new Prudential Automatic Rollover product
- A copy of the Prudential Automatic Rollover Agreement that you need to sign and return if you wish to use the new product.
- A sample copy of the welcome kit that will be sent to participants after their account has been opened.
- A copy of the PruSecure Fund Fact Sheet and Prudential MoneyMart summary prospectus.

Once you sign a new Automatic Rollover Agreement and return it to your Relationship Manager, we will reactivate the automatic rollover process and re-communicate to previously terminated participants with balances below $5000 who are still in the plan.

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